

LANDLORD AGREEMENT APPLICATION

OWNERS NAME		_
MAILING ADDRESS		
CITY	STATE ZIP CODE	<u> </u>
TELEPHONE	SOCIAL SECURITY NO	
BUSINESS NAME &	TAX ID NO	
your bank account.	ided check to have your account balance automatically deducte	d from
LIST EACH ADDRES	TO WHICH THE AGREEMENT SHOULD BE APPLIED:	
1	2	
3	4	
5	6	
7	8	
	IMPORTANT NOTICE!!!	
please call our Custome	uire Louisville Water Company to maintain a Landlord Agreement for your proress to care Center at (502) 583-6610 or toll-free at 1 (888) 535-6262 to update your dagreement be removed from the property.	
(es) once the tenant ha	ville Water Company to transfer water service into my name for the above stated taken service out of his\her name. Please note, if a tenant's service is turned wert to the Landlord. Landlord will need to call if water is to be shut-off.	
LANDLORD'S SIGNATU	REDATE	
	VILLE WATER COMPANY 3 RD STREET	

LOUISVILLE KY 40202-1839 FAX TO: 502-566-6203